



# **The New Madrid Tri-Community Partnership**

## **A Case Study**

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*Towards an Environmental Justice Collaborative Model: Case Studies of Six Partnerships Used to Address Environmental Justice Issues in Communities (EPA/100-R-03-002)*

Prepared for the Federal Interagency Working Group on Environmental Justice by the U.S. EPA Office of Policy, Economics, and Innovation

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U.S. Environmental Protection Agency. Office of Policy, Economics, and Innovation. Washington, D.C. A team based in EPA's Office of Policy, Economics, and Innovation developed these reports. Eric Marsh was the project manager for this effort.

# *The New Madrid Tri-Community Partnership: A Case Study*

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## New Madrid Tri-Community Partnership

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*For community there was a self-consciousness. They wanted to see a change. There was a focus on making sure change occurred.*

*My mayor—he asked me and several people [to participate in the Partnership]. He told me...you go to this and represent [our community]. I participated as a community team person and facilitator.*

*I've been in the agency for 24 years. That may have been the best collaborative effort I have seen. Everyone involved took a piece of the project. Team effort all the way.*

*As far as going in there to do what the resource plan called us to do - yes. There is always more that can be done to help the community.*

— Interviewees, New Madrid Partnership

### *Community History<sup>1</sup>*

Howardville, Lilbourn, and North Lilbourn are three small rural communities grouped closely together in the Bootheel region of Missouri, approximately 175 miles south of St. Louis and less than five miles from the Mississippi River. Howardville and North Lilbourn are both nearly 100 percent African American, while Lilbourn is roughly 60 percent Caucasian and 40 percent African American. Surrounded mainly by privately held farmlands, a majority of the local residents are employed by the nearby farms, agricultural businesses,<sup>1</sup> and industries in the region. Neither Howardville, Lilbourn, nor North Lilbourn, however, have a sustainable economic base and a majority of residents live in poverty and reside in substandard housing.<sup>2</sup>

Up until the late 19<sup>th</sup> century, much of Southeast Missouri was covered by water. In the 1890s, however, efforts were made to drain some of the area in order to provide additional land for settlements and farming. Lilbourn, located just north of Howardville and just south of North Lilbourn, was built up around a railroad junction in this region starting at the turn of the century.<sup>3</sup> Today it is the largest of the three communities with a population of just over 2,000. Howardville and North Lilbourn were first established in the late 1930s when the Farmers' Security Administration built housing for sharecroppers<sup>4</sup> displaced by increased reliance on farming machinery.<sup>5</sup> In the following decades, Howardville and North Lilbourn, along with Lilbourn, were beset with unemployment problems and a continued "socio-economic demise" resulting from the region's transformation to machinery-based agriculture. Without a thriving economic base, "[d]ilapidated houses, debris, and vacant lots gradually emerged as residents could not afford household repairs or to rebuild homes that burned down." Although the communities had some success in securing basic services, residents are faced with several environmental hazards, in part due to lack of funding to support local infrastructure and maintain housing. Threats include "lead, radon, and carbon monoxide exposure resulting from substandard housing, inadequate

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<sup>1</sup> Interviews for this case study were conducted during the weeks of September 24 and October 1, 2001. Nine separate interviews were conducted and a total of thirteen persons participated. Interviewees included community members, representatives of local and regional organizations, and representatives of federal agencies.

water and wastewater treatment, water contamination by pesticides and fertilizers; and presence of potential disease vectors such as mosquitoes, roaches, and rats.”<sup>6</sup> Residents have also expressed concern about use of a defoliant in nearby cotton fields that residents claim contributes to outbreaks of asthma.

Despite common challenges and a willingness shown by community residents to work to improve their living situations, the three communities have not always worked well together. In the 1960s, Lilbourn, historically the most diverse and prosperous of the three communities, secured a safe drinking water supply. In 1965, North Lilbourn installed a connection to Lilbourn’s drinking water supply. The financial arrangement between the two, however, proved satisfactory to no one, and for many years following, arguments between the two communities centered on how much North Lilbourn should be charged for water use. The debate climaxed in 1995 and, after three years of assistance from a team of lawyers from the U.S. Environmental Protection Agency’s regional office in Kansas City, an acceptable water use agreement between the two communities was finally reached.

Around this time, the three communities showed a willingness to work together to address some common difficulties after North Lilbourn initially sought help on its own. This cooperative effort had its origins in 1995 when the North Lilbourn community, frustrated by the continued economic and environmental problems facing its community, sent a letter directly to the Natural Resources Conservation Service (NRCS), an agency within the U.S. Department of Agriculture, asking for help. NRCS officials based in Missouri responded by holding meetings and conducting walking tours in the community. After observing North Lilbourn’s severe living conditions<sup>7</sup>, NRCS began working with the community residents to identify and prioritize community needs. During this time, recognizing the benefits of working together to address common problems, Howardville and Lilbourn sought to join the partnership with NRCS and North Lilbourn.<sup>8</sup> All the communities and NRCS agreed to this and subsequently formed the New Madrid Tri-Community Team.

### *Partnership Background*

After the partners concluded their community assessments in 1997, the Tri-Community Team and NRCS requested community development assistance from numerous federal, state, and local entities. In August 1997, NRCS hosted a large meeting in North Lilbourn with representatives from approximately thirty different organizations. Among the players that emerged as key partners, in addition to NRCS and the Tri-Community Team, were EPA’s regional office and a regional planning organization referred to as the Great Rivers Alliance Natural Resource Districts (GRAND). Together, EPA, NRCS, and GRAND<sup>2</sup> formed an interagency agreement that defined how these

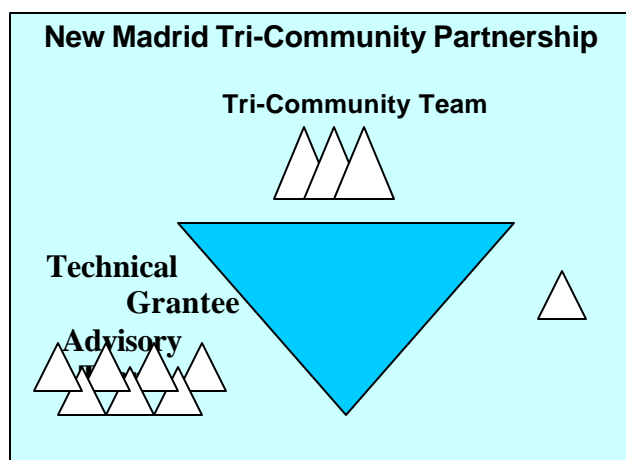


Figure 1. EPA Representation of New Madrid Tri-Community Organizational Structure

<sup>2</sup> GRAND is based in St. Louis and is closely affiliated with the Natural Resources Conservation Service. Formed in 1994, GRAND’s overall mission is to coordinate soil and water districts in Illinois and Missouri.

organizations would work together to best meet the needs of the New Madrid communities.

Following the formation of the original partnership, EPA's new Child Health Champion Campaign was launched in 1997, to place added emphasis on protecting children's health. In 1998, EPA selected the Tri-Community for a Child Health Champion national pilot project. Following its selection, the Tri-Community Partnership organized to ensure that the overarching objectives of the Children's Health Initiative would be met. The modified partnership organizational structure included the Community Team, made up of the mayors plus three mayor-appointed residents from each community; a Technical Advisory Team, represented by government and community service organizations; and a coordinating organization led by GRAND, responsible for the distribution of project funding made available by EPA's Office of Children's Health and overall project coordination.<sup>9</sup> Major partners included representatives from Howardville, Lilbourn, and North Lilbourn,<sup>10</sup> GRAND, NRCS, EPA, the Bootheel Lead Nurses Association, the Delta Area Economic Development Corporation, Headstart<sup>3</sup>, and the Lincoln University Cooperative Extension.<sup>11</sup> Together, these organizations agreed to a mission statement provided below that outlines their overall vision.

**Mission Statement of the New Madrid Partnership  
as stated in New Madrid Child Health Champion Action Plan**

Our Mission is to create self-sustaining communities by building trust, communication and collaboration within communities of Howardville, Lilbourn, and North Lilbourn. We will prioritize and resolve various environmental challenges and improve the environment in our homes and communities to protect our children from these environmental hazards.

Child Health Champion projects were asked to identify children's environmental health hazards; set community-specific goals; and then develop action plans to eliminate risks to children.<sup>12</sup> EPA provided \$35,000 the first year of the project for baseline planning and assessment, and then another \$100,000 for implementation of project goals. Most of the money was used to fund a part-time local coordinator residing in the area, community facilitators, and the purchase of materials to help address the priority health risks. EPA was also expected to provide technical assistance to communities as needed. However, the process for determining baseline information, setting goals, and developing the action plan was to be initiated and led by the Community Team.<sup>13</sup>

Although several priority areas were identified in the initial Tri-Community needs assessments, EPA requirements for the Child Health Champion projects encouraged the partners to narrow their focus to a handful of priority items. The core initiatives taking place in New Madrid came to center on the goals developed for the Child Health Champion project. However, other initiatives have taken or continue to take place in the Tri-Community area that, although related, are not necessarily identified as core partnership activities. These include a local recycling project, an energy conservation and home weatherization project, a farmers' cooperative, and a Federal Transit Authority Jobs Access Project.<sup>14</sup> These efforts have

<sup>3</sup> The Tri-Communities Head Start program is operated by a not-for-profit organization in Howardville. Head Start and Early Head Start are comprehensive programs focused on young children, pregnant women, and their families. The Head Start program is administered by the Department of Health and Human Services (HHS). HHS makes grants available to local public health agencies, private organizations, Indian Tribes and school systems in order to operate Head Start programs at the community level (September 5, 2001 <http://www2.acf.dhhs.gov/programs/hsb/about/index.htm>).

received support from NRCS and EPA, but unlike with the Child Health project, EPA and NRCS were not necessarily acting in concert in support of these activities. For clarity, this case study will primarily focus on the work conducted by the three communities through the Child Health Champion project.

### *Partnership Goals and Process*

Starting in the summer of 1998, with the Community Team in the lead, partnership members worked together to assemble baseline data on environmental and human health risks and began identifying risk priorities. The first meeting took place in June and was facilitated by an EPA field representative based in St. Louis. The Community Team, including representatives from each of the three communities, attended along with the project manager representing GRAND, and technical advisors representing NRCS, EPA and other organizations. EPA representatives started the meeting by explaining the details of the project. EPA then suggested a potential plan for selecting priority risks. After some discussion, the participants unanimously agreed to a risk prioritization process. Participants decided that EPA would conduct a science-based data collection on priority environmental and health risks, community representatives would talk with their respective communities about what they view as priority risks, a member of the local health department would discuss priority risks with other health department colleagues, and a local Head Start representative would assess priority health risks from an education perspective.<sup>15</sup> The partnership then held meetings every two weeks through December 1998 giving experts, technical advisors, and local residents the opportunity to provide different perspectives on the many environmental threats facing the Tri-Communities.

Once these were complete, the Community Team and the Technical Advisory Team members selected the priority health risks. To do this, the EPA facilitator started by listing all risks identified by the different researchers as priority health risks. The facilitator then grouped risks that demonstrated related cause-and-effect patterns in order to ensure that a greater number of health risks could be addressed. Debate about the priority risks included comments from both the technical advisors as well as community representatives. However, after the grouping exercise, participants had little difficulty choosing the top three risk areas,<sup>16</sup> which included: childhood lead poisoning, asthma and allergies, and water contaminants.

Lead exposure was selected as a priority issue since several homes in the Tri-Community area were built before the use of lead paint in homes was outlawed. Asthma and allergies were primarily chosen as a priority area since most childhood illnesses in the area requiring treatment or hospitalization are due to some form of asthma or allergy. Finally, the issue of water contaminants was selected as a priority area since residents had long voiced concerns regarding both their drinking water and stagnant water in the area. Specifically, the Community Team pointed to stagnant water as a common risk that can contribute to several public health problems. The Team recognized drinking water as a potential risk since the local water treatment facility lacked a quality control process to review effectiveness of drinking water treatment techniques.<sup>17</sup>

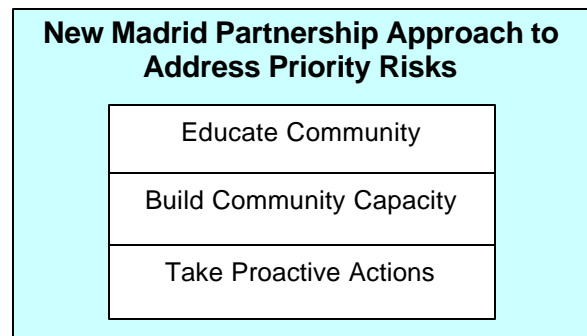
Following the identification of the priority areas, the Community Team and the Technical Advisory Team began operating on two tracks. The Advisory Team took the role in researching potential activities that could be carried out locally to help address the priority environmental health risks. Advisory Team representatives would then meet each week to discuss what each was learning. Then, they would participate in bi-weekly meetings held by the Community Team to discuss promising activities and obtain input from the Community Team representatives. After a series of meetings, the Community Team selected a set of actions to help address each

priority risk. Following this, the EPA facilitator and representatives of the Community Team together crafted an action plan that described how the risk areas would be addressed.<sup>18</sup>

For the most part, the joint meetings of the Technical Advisory Team and the Community Team to help identify Action Plan activities worked well.<sup>19</sup> Possible reasons why the Technical Advisory Group and the Community Team worked effectively together include: a strong desire by all parties to improve health conditions in the Tri-Communities, strong management support within each of the participating organizations, key logistical support and timelines put forth by the Office of Children's Health, effective facilitation at the Child Health Champion meetings, strong overall project management by GRAND, and the solid foundation of local collaboration that started in 1997.

However, according to an EPA official, tension did arise between EPA and NRCS officials regarding how the joint meetings between the Technical Advisory Team and the Community Team should be run. EPA had continued to use the same EPA representative who facilitated the initial Child Health Champion meetings on priority health risks. NRCS officials, however, balked at this approach explaining that in order to strengthen the capacity of the communities, EPA should play the role of coach, instead of leader, and that EPA should train and call upon local residents to lead the meetings. If not, NRCS argued, the community would become too dependent upon EPA assistance. As it happened, at a few meetings, the regular EPA facilitator could not attend, and the community participants indicated they did not want to move forward without her. Although recognizing the validity of NRCS' concerns, EPA still felt compelled to help drive the process of identifying action items forward. EPA was concerned that if it turned the process of reaching consensus on action items completely over to the Community Team, the Community Team would not be able to meet the deadlines set down by EPA's Office of Children's Health. To resolve the issue, EPA began facilitating these meetings in tandem with a community representative.<sup>20</sup>

The action plan was completed in 1999,<sup>21</sup> and approved for implementation by EPA's Office of Children's Health in January 2000.<sup>22</sup> Following this, a kick-off celebration was held in New Madrid that included high-ranking officials from EPA's Office of Children's Health, EPA's deputy regional administrator based in Kansas City, and Congressional as well as state representatives. The action plan described the priority health risk areas along with goals, objectives, and activities, which together, were expected to result in reduced risk from the environmental threats. The overall approach used to address risks outlined in the Action Plan included a combination of education, capacity building and proactive measures.<sup>23</sup> First, trained community members as well as technical experts were to educate community members on the three priority risk areas through a series of risk-specific mini-workshops, door-to-door visits to high-risk families, and a major health fair. Second, capacity building was to be done by training community members as peer facilitators in each of the three priority risk areas so they could help lead the mini-workshops and door-to-door visits in the community. Finally, actions were to be taken to immediately address existing problems, including planting trees and shrubbery to reduce blowing dust in the area and reduce risks from allergies, providing in-home sampling kits to test drinking water for insecticides, and



*Figure 2. EPA Representation of New Madrid Partnership Approach*



improving stormwater drainage. A sample from the action plan describing goals, objectives, and activities for reducing the threat from lead poisoning is included below:

<b>Tri-Community Team's Efforts to Reduce Children's Exposure to Lead</b>	
Community Goals	
Assure that 40% of all families in the Tri-Community has knowledge of the threat of lead poisoning at no cost to the families	
Provide necessary, time, place, and personnel to screen/test children in the Tri-Community for lead poisoning at no cost to the families	
Facilitate community capacity building for a more informed decision-making process resulting in an improved quality of life	
Measurable Objectives	
All children in the targeted age group (6 mos. –72 mos.) in the three communities will be screened/tested in the next 12 months for lead poisoning at no cost to the families.	
Activities	
Health Fair	
Lead Specific Training Workshops	

*Figure 3. New Madrid County Tri-Community Partnership Action Plan Excerpt Describing Community Goals, Measurable Objectives, and Activities*

### *Partnership Activities*

Following action plan approval, the next step in the process was to train representatives from the community on the three priority health risks areas so that they could conduct educational sessions with other community residents. At first, the Community Team planned to ask community residents to participate as the facilitators. However, Community Team members ultimately decided that they themselves could undertake the facilitation efforts.<sup>24</sup> Community Team meetings then were used as opportunities to train members as facilitators and to make plans for the different educational sessions that would be provided.<sup>25</sup> Community facilitators had to undergo training over period of 40-50 hours for each specific risk or until they showed mastery of the material.<sup>26</sup> They also had to undergo a pre- and post-test to assess their learning.<sup>27</sup> Community facilitators received a small stipend both for the training they received and the educational workshops they performed.<sup>28</sup>

Different technical experts, provided training to community facilitators on the priority risks and how to address them. In a train-the-trainer workshop on asthma and allergies, for example, trainers taught community facilitators how to recognize asthma and allergy attacks, advise children and parents on the use of inhalers, and how to recognize an asthma attack. They also trained them on the various risk-specific pamphlets, booklets, and videos that could be used to help educate community members.<sup>29</sup> According to a Child Health Champion evaluation, community facilitators learned most of the information about the priority health risks by studying information from EPA or other sources on their own.<sup>30</sup>

Ten Community Team members received training as community facilitators and conducted most of the Child Health Champion education work.<sup>31</sup> Implementation of the primary Child Health Champion activities took place between the spring of 2000 and the fall of 2001. Community. Community facilitators conveyed information “in group and one-on-one settings

during health fairs, in classrooms, and in workshops set in various community locations.”<sup>32</sup> A health fair, designed to educate families about the priority risks and provide professional services to address health care concerns related to these risks, was held in the spring of 2000. The health fair involved more than twenty local health care organizations, and provided health exhibits and demonstrations, workshops for youth on asthma and lead hazards, and elevated blood-lead level tests for all children ages six and under who attended the fair. An EPA progress report describes the health fair as very successful, with high attendance by residents from each of the three communities.<sup>33</sup> Several mini-workshops focused on lead and asthma/allergies involving the community facilitators were also conducted and, as of October 2001, were still on going. As a result of the health fair and mini-workshops, approximately 2,000 adults and 800 children in the Tri-Community area have been educated about the priority risks.<sup>34</sup> For each training, community facilitators issue workshop participants pre-tests and post-tests to better understand the extent to which participants are enhancing their knowledge of the priority risk areas.<sup>35</sup>

As part of the Child Health Champion effort, approximately 150 trees for windbreaks have also been planted in North Lilbourn to reduce blowing dust from the surrounding agricultural fields. However, according to one partner interviewed, the trees died because of poor timing and soil conditions. Tree planting was scheduled for the other two communities for the spring of 2001, but it is unclear whether this has been completed. Remaining activities include lead and asthma home visits and activities associated with water quality. Mini-workshops focused on water quality were scheduled for the fall of 2001. In addition, local stormwater drainage ditches were cleared as part of the effort.

Furthermore, although not stated as an activity in the action plan, securing partners and funding has been an instrumental partnership activity. As of October 1, 2001, the partnership consists of fifteen partners including federal, regional, state, local and community organizations plus the direct involvement of each of the town's mayors. Although financial dollars made available from EPA's Office of Children's Health has been key in ensuring that several major activities could take place, contributions from the Community Team have served as the foundation for this effort. The Community Team assisted with soliciting community input, project coordination and the health education of the Tri-Community citizens. Also instrumental has been the work of GRAND, NRCS, and EPA. GRAND distributed project funds made available by EPA and supported a senior project advisor and part-time local coordinator. The NRCS Midwest Office committed both technical and capacity building assistance. EPA, through its regional office, also provided considerable technical and capacity building assistance in the three priority risk areas.

In addition, state, local, and academic partners played important roles. Missouri's Department of Natural Resources<sup>36</sup> and Department of Conservation<sup>37</sup> provided technical advice and resources, and Missouri's Department of Public Health provided educational information on the three priority risks. Locally, the New Madrid County Health Department, the Bootheel Nurses Association, the Howardville Headstart program provided health information, health screenings and referrals, and the Delta Area Economic Development Corporation, another local partner, helped run educational workshops.<sup>38</sup> At the university level, the Lincoln University Cooperative Extension program trained Tri-Community Team members on safe-drinking water approaches and conducted water testing; the St. Louis Institute of Technology trained Tri-Community residents on techniques for lead removal in the home; and the Lincoln University Community Development Corporation provided necessary telecommunications assistance to ensure that the training on lead could take place. Furthermore, organizations including the Southeast Missouri Health Network helped sponsor certain partnership activities.<sup>39</sup>

The following sections primarily describe interviewees' responses to questions gathered from interviews conducted by EPA's Office of Policy, Economics, and Innovation during the weeks of September 24 and October 1, 2001. The sections focus on interviewees' impressions regarding measuring partnership success, partnership success and challenges, recommendations for improving the partnership, overall value of the partnership, and the value of federal involvement in the partnership.

### *Measuring Partnership Progress*

From the beginning of EPA's effort to sponsor a series of Child Health demonstration projects around the country, EPA's Office Children's Health (OCH) placed significant emphasis on evaluation. For its evaluation approach, OCH required that each Child Health Champion project develop a plan to monitor and evaluate progress in meeting project goals and objectives. OCH hoped that by encouraging Child Health Champion project communities to more systematically document their successes and lessons learned, EPA would build the evaluation capacity of these communities, resulting in greater sustainability of their projects. Using the individual Child Health Champion project evaluations as a foundation, OCH then hoped to use these results to inform a larger national evaluation of Child Health Champion projects that would help it better understand whether the pilot projects worked as expected as well as other issues, and bring lessons learned to new communities interested in trying similar approaches.<sup>40</sup>

For individual project evaluation plans, each Child Health Champion project was required to describe how the Community Team expects to track and evaluate: (1) the progress of its efforts to reach intermediate and final outcomes; (2) the team-building and management process; and (3) the cost to implement the different project activities. However, after recognizing the difficulty that Community Teams were having in developing their action plans, EPA had an evaluation consulting firm, Mathematica Policy Research (MPR), assist Community Teams with this effort.<sup>41</sup> MPR gave Community Teams wide latitude to develop evaluation plans that would be most conducive to their priority risks and related activities.

For the Tri-Communities Child Health Champion project, MPR made two field visits to New Madrid County to meet with project members, review New Madrid's evaluation plan, and assess project progress. The Community Team made plans to collect both qualitative and quantitative data.<sup>42</sup> Specifically, health fair attendance was to be documented, and lead screening rates for New Madrid were to be reviewed before and after lead intervention efforts. Training workshops were to be assessed by reviewing participant satisfaction and knowledge and awareness levels. Asthma reduction efforts were to be evaluated by collecting and comparing data on asthma triggers in homes and school absences before and after one-on-one home visits.<sup>43</sup> MPR made generic templates available that the Community Team used for data collection purposes. These were then made available to GRAND who could assess and modify them for its own data collection purposes.<sup>44</sup> According to a former member of MPR who was closely involved in this effort, at first members of the Community Team were skeptical of the evaluation effort, but after they began to understand the tracking forms and how they could be used, they became more appreciative of the approach. Community facilitators used the evaluation forms for both the lead and asthma-related educational efforts throughout the

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<sup>4</sup> According to the Child Health Champion final evaluation report, asthma reduction efforts were not evaluated using these measures because data on pre- and post-period school absences was not available, and home visit interventions were not conducted (p. 65).

implementation period. GRAND, in particular, valued the evaluation forms because they enabled the organization to better monitor the overall project's effectiveness.<sup>45</sup>

During interviews conducted by EPA's Office of Policy, Economics, and Innovation, in the fall of 2001, interviewees were asked how the New Madrid Partnership was measuring project success. Two interviewees directly referenced the evaluation plan, while several interviewees identified specific measures for the priority risk they were focusing on that paralleled the measures described above. For instance, one interviewee stated that success in addressing asthma/allergies would be measured by reviewing the number of missed school days due to asthma/allergies before and after the asthma workshops. Another interviewee provided more general measures of success, which included setting goals, enabling the communities to work together, and restoring community pride.

### *Partnership Successes*

When asked if partners were satisfied with their ability to participate in the project decision-making process, seven of the nine interviewees who addressed the question responded positively. However, one of the seven did not approve of the way that the three priority risk areas were selected. Further, two interviewees explained that they did not feel their role was to be involved in the decision-making, but rather to focus on capacity building. Regarding whether interviewees were satisfied to the extent issues most important to them and their organizations were being addressed by the partnership, six of the seven addressing this question indicated they were satisfied. One interviewee provided an ambiguous response.

When asked about the outcomes, or results, of the partner activities for addressing the main issues of the affected community, all eleven interviewees responded positively. In terms of specific outcomes, however, interviewees did not reveal a strong agreement around any one type of outcome.<sup>5</sup> One outcome mentioned by three interviewees centered on increasing the awareness of the community regarding the three priority health risks. Three separate interviewees remarked that the partnership has fostered a spirit of working together, with one also adding that it fostered community pride. More generally, three interviewees noted that the partnership has had positive impacts. For instance, one interviewee explained that the partnership efforts have made living conditions a lot better. Two interviewees, one already referenced, remarked that the partnership efforts resulted in boosted capacity of the community. For instance, one explained that the community could now use tools to gain assistance and provide assistance to them. Finally, another interviewee explained that the partnership has generated a positive spirit.

When asked whether interviewees were satisfied with the outcomes of partner activities, five of the ten addressing this topic indicated they were satisfied, one interviewee indicated she/he was satisfied but would like to see more done for the partnership communities, three were somewhat satisfied, and one interviewee provided an ambiguous response. One interviewee expressed concern about the viability of the project once funding was discontinued. Along these same lines, another interviewee remarked that more work could be done with the Tri-Communities. In addition, another interviewee expressed regret at the lack of progress made on water issues.

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<sup>5</sup> During the interview process, interviewees were asked questions about both the outcomes of partner activities, and the impact of activities for the affected communities. From the responses, it was clear that most interviewees viewed the partnership activities in terms of outcomes, not impact. Therefore, the term outcome is used throughout this discussion.

Early reports describe overall project activities as having been very successful in meeting project objectives. Interviewees confirmed this impression as well. In addition, several interviewees remarked that two related, but more difficult to measure outcomes, of these activities have been the fostering of community pride and the improved ability of each community to work together.

Despite overall satisfaction with project activities, interviewees were not in agreement on what has been the greatest success of the project so far. Four of the ten interviewees addressing this question commented that the partnership's focus on the community was its greatest success. For example, three interviewees remarked that the greatest success has been community empowerment, noting that the knowledge developed for this project as a result of the health fair, training of community people as facilitators, and mini-workshops, will stay within the Tri-Communities. Two interviewees cited lead testing of children as the projects' greatest success. Another two interviewees cited improved agency understanding between EPA and NRCS. And one interviewee suggested that the project's greatest success was the formation of the farmer's cooperative, an initiative associated with, but not directly related to the Child Health project.

Similar to this last interviewee's comment, an additional success may be the increased number of initiatives taking place in the Tri-Communities that, while not directly related to the Child Health project, may be an indirect result of the positive work initiated by the Tri-Community Partnership. For instance, one EPA progress report emphasizes that since the start of the New Madrid Children's Health project, this single effort has "grown into a full blown initiative" including a North Lilbourn recycling project, an energy conservation and home weatherization project, the farmers' cooperative mentioned above, and a transportation jobs access project.<sup>46</sup>

### *Partnership Challenges*

When asked about the greatest challenge facing the partnership, interviewees gave several different responses. The most common theme, however, focused on the difficulties of working together. For instance, three interviewees remarked that simply getting the communities to work together has been the biggest obstacle to success. One of these stated that this was due to the fact a project like this had never been tried before and was overcome because residents recognized that their overall goal was to help children. Another remarked that this difficulty had been resolved because of communication and leadership shown by GRAND's advisor, GRAND's local coordinator, and EPA's regional office. Another interviewee suggested that forming the action plan was the biggest challenge because of the difficulty in working with many different people. The interviewee added that this had been overcome through discussion. Two additional interviewees remarked that competing interests between the participating communities had been major obstacles to success, with one noting that this had been overcome through communication. In addition, one of the same interviewees noted that racial issues between the communities had served as a major barrier to success, remarking that this too was overcome through communication.

In addition to the difficulties faced by working together, interviewees cited other obstacles as well. Three interviewees cited communication issues as a problem. One commented on the poor quality and lack of communication during the project's formation. Specifically, the interviewee remarked that initially outside partners showed a lack of respect for the knowledge community residents had and failed to communicate and dialogue with the

community on the objectives of the project. Related to this obstacle, one interviewee from a federal agency remarked that gaining the community's trust initially in the process was a challenge, indicating that not until "things materialized" did the agency feel they had the community's trust. In addition, this interviewee remarked that becoming accustomed to the different styles of other participating agencies was also a challenge. Another interviewee commented on the current state of project communication, specifically noting that the GRAND headquarters office needed more communication with federal agencies issuing project grant monies and partners actually implementing project activities. Another interviewee commented that implementing some of the water-related activities described in the action plan had been the biggest challenge. Finally, one interviewee remarked that an important challenge was obtaining parental support for child lead testing. This was overcome, however, through parental education about lead.

Interviewees were also asked whether the organizational styles and procedures of the different partner organizations limited effective collaboration between partners. Most responses centered on the difficulties that EPA and NRCS faced when initially starting to work together. Interviewees noted that NRCS and EPA have two distinct styles: 1) NRCS is focused on technical assistance whereas EPA has a stronger regulatory focus; and 2) NRCS encourages a "locally-led process" for local projects, whereas EPA, through its Community Based Environmental Protection approach, has tended to play a more "hands-on" role in locally based projects. Although a positive relationship developed between EPA and NRCS, the contrasting styles and approaches, as well as the personalities involved, created obstacles for both organizations early on in the process. According to two interviewees, these differences were resolved through communication and setting ground rules. In addition, one of these interviewees added that the involvement of a project advisor supported by GRAND was also critical.

Interviewees cited other organizational barriers as well. Three interviewees commented that certain agency requirements placed on funding made it difficult to purchase needed items for the partnership. For instance, although tree planting was designated in the action plan, project money from EPA could not be used to actually purchase trees. In addition, one interviewee noted that certain health agency requirements created an initial challenge for conducting lead screening. According to interviewees, however, creative thinking enabled the project partners to get around these challenges. For example, the project was able to obtain the trees through donation and conduct lead screening by holding a health fair. Finally, one interviewee noted that conflicts arose when individuals participating in the partnership served on more than one of the partnering organizations.

#### *Interviewees' Recommendations for Improving the Partnership*

Interviewees had few common suggestions for improving the future of the partnership, due in part, perhaps, to the partners' overall level of satisfaction for the project. Two interviewees suggested ensuring that the project has a project manager, one who can ably grasp the overall vision and goals as well as the project details. Two interviewees also commented on the need for continued communication. Specifically, one interviewee recommended that this be done by re-starting a group meeting process that occurred early on between EPA, NRCS, and GRAND but has since been discontinued. However, the meetings should be less frequent (e.g., once a month) and a community liaison should participate. A second interviewee suggested that the partnership must stay focused on communication, dialogue, and openness between partners, and stay dedicated. Another interviewee suggested that the partnership host a final ceremony at the project's end, similar to what was done at the

project's beginning in order to provide a sense of closure for participants. Other suggestions included establishing one common meeting space for partnership members to meet, giving additional respect to local residents, allowing local residents to take full control over the project, and emphasizing patience.

### *Interviewees' Recommendations for Other Communities*

Interviewees had several suggestions for improving future partnerships. Five of the nine interviewees who addressed this issue emphasized the need for ensuring clear, up-front communication about partner roles and responsibilities. One interviewee stressed that the New Madrid partnership would have proved more effective if in the early stages all partners could have sat down together and clearly explained what each was committing to the partnership were to be. One interviewee also emphasized the need for participating federal agencies to work closely together to understand what their roles would be vis-à-vis each other and decide who would serve as the overall federal agency lead. The interviewee went on to suggest that if one agency can't identify itself as the federal lead, they both end up sending conflicting messages to the community.

Three interviewees emphasized the need for partnerships to stay focused on what they are trying to accomplish. One interviewee added that using facilitators to provide overall direction is critical. Two more interviewees suggested that partners be open-minded, with one adding that federal agencies should focus on more than just statistics when they are determining how best to help communities. Another set of interviewees stressed that partners in collaborative approaches must be patient, obtain local support, and look for "out of the box" solutions. Other recommendations include focusing on communication, getting the whole community involved, identifying one local partner member who has experience working with federal agencies, keeping partnership activities transparent, providing transportation for partners if necessary, and obtaining parental consent if children's health activities are planned. Finally, one interviewee recommended that one contact person be made available in each community or county that can answer questions community residents may have about issues related to public health and the environment.

### *Value of Collaborative Partnership*

When asked directly about the value of addressing issues through a collaborative partnership approach, most interviewees commented on the additional and shared resources associated that partnerships can provide. One interviewee noted that in a partnership, if one organization is not able to contribute the needed resources the partnership can network and look to another partner to provide support. Another interviewee commented that through shared resources, the partnership is capable of addressing multiple stages of a problem. Other values of partnership approaches expressed by interviewees include improved understanding between organizations, increased capability to identify issues and problems facing affected communities, and a greater diversity of experience from which to draw upon. In addition, one interviewee noted that the collaborative partnership is a non-traditional approach that can be very useful mechanism for addressing issues in non-traditional communities.

When asked whether the collaborative process could be used to address other issues that the New Madrid Tri-Communities are facing, nine of the nine persons who addressed this question indicated that the process could certainly be used again. Three interviewees were confident that once the project concluded, a model would be firmly in place to be used again. Others added qualifications to their statements. One indicated that the collaborative model,

along with the capacity building skills that had been transferred to the Tri-Communities as a result of the project, would enable other issues to be addressed through a similar process. Another interviewee remarked that the model would work, but a challenge for the existing project stems from some groups being still unwilling to participate in the process. Finally, in a related comment, one interviewee noted that the collaborative process will effectively address other issues depending on who does or does not participate.

Interviewees were also asked whether the main issues facing the Tri-Communities would have been addressed without using a collaborative approach. Of the eight who addressed this question, three stated simply that the issues would not have been addressed. For instance, one interviewee stated that continued concerns over allocation of resources between the communities would have discouraged any effective work in the area. Five of the eight felt that some of the issues would have been addressed, but probably to a lesser extent, and some would not have been addressed at all. For example one agency interviewee remarked that the interviewee's agency would have addressed what was allowable given standard operating procedures, but the interviewee would have never thought to contact an outside agency.

#### *Value of Federal Involvement in the Partnership*

When asked about the effect of having federal agencies participate in the New Madrid Partnership responses fell into three categories: resources, knowledge, and credibility. Of the seven who addressed this question, six identified resources as the key ingredient that the federal agencies provided. One interviewee explained that the project could not have been implemented without federal money. Another explained that because of federal involvement the communities received a significant amount of high quality training. Closely related to the category of resources is knowledge. Three interviewees specifically commented on the information that the federal agencies shared that helped improve the project. For example, one cited the federal agencies' broad understanding of available resources and willingness to share that information as being very important to project success. Another interviewee noted that the federal agencies greatly assisted by their continual willingness to answer questions, offer guidance, and provide coaching tips for the partnership project teams. In addition, two interviewees remarked how federal involvement brought an increased level of credibility to the project. For instance, one remarked that without external assurance from federal agencies, communities could feel nervous about addressing environmental issues for fear of opening up a "Pandora's box." With federal involvement, however, communities feel confident they can move forward. In a related comment, one interviewee noted that when federal agencies get involved, communities feel that work may happen at a more rapid pace. Finally, one interviewee observed that despite the benefits of federal involvement, EPA's presence in the Tri-Communities intimidated farmers in the area. However, the interviewee felt positively about the about the partnership and did not suggest this hampered the partnership's ability to function effectively.

When asked what federal partners have gained by participating in the New Madrid Partnership, responses fell into three categories: better understanding of the community, the right to claim success at the local level, and ability to use this model for future partnerships. Four of the nine persons addressing this issue indicated that the federal agencies gained an improved understanding of how to work with communities. For example, one remarked that by working in these communities, the participating federal agencies gained perspective, learning first hand how some of their policies and regulations impact the local level. Similarly, a fifth interviewee stated that the agencies gained an improved understanding of the Tri-Communities,



including knowledge about their residents and public health problems. Three interviewees stated that federal agencies gained the right to say they were successful. Specifically, two noted that federal agencies could claim success as a result of their effective cooperation with other organizations. Two other interviewees remarked that federal agencies gained the ability to use or participate in collaborative partnerships at other sites in the future. Related, another interviewee also remarked that federal agencies gained additional experience in regards to networking and better project management skills.

Only six interviewees addressed whether federal agencies have been able to better coordinate their activities as a result of their involvement in the New Madrid Partnership. Three said yes, and three were equivocal, indicating that they were not sure. One agency interviewee who responded affirmatively felt very strongly that collaboration had indeed increased. The interviewee noted that the NRCS Midwest and EPA regional offices have met a few times and recently made plans to partner together to identify and work with other distressed communities. Of the three who were equivocal, one stated flatly that it was not clear whether coordination has improved. Another remarked that although federal agencies may have been better able to coordinate their efforts for this project, the key reason for this was the personalities involved, and there is no indication that effective coordination will occur in future similar efforts. A third interviewee was doubtful that effective collaboration occurred in the New Madrid project, noting that in the beginning of the New Madrid project, only NRCS was visible, but towards the end, only EPA was. The interviewee then added that most of the effective collaboration seemed to occur between the individual federal agencies and the community, not necessarily with each other.

Interviewees were also asked what federal agencies could do to be more effective partners in local collaborative efforts. Interviewees offered several different suggestions ranging from improving communication skills to better understanding the communities. Four of nine recommendations centered on the need for federal agencies to stay open-minded when working in collaboratives. Particularly, two of these interviewees emphasized the need to use more than statistics when determining how to best help communities, and one stressed not letting regulations prohibit involvement. In addition, three interviewees stressed the importance of coordinating resources between federal agencies. Two interviewees, in particular, remarked that agencies should focus more on getting the job done than their independence, and use an umbrella coordinator, similar to GRAND, to ensure that the needed collaborative work will be implemented. Other recommendations included entrusting the community to lead the partnerships, developing a better understanding of the community before partnering, staying committed to and honest within the partnership, setting ground rules, trying a different approach if the current one is not working, and avoiding taking partnership issues personally.

In addition, one agency interviewee stressed that the key to best participating in a collaborative partnership is by educating yourself about who your federal partners are and the resources they have available. Speaking from experience, the interviewee explained that to do this, it is important to invite federal partners to your agency meetings, such as environmental justice forums, and meet with federal partners in one-on-one meetings. Interestingly, another agency interviewee remarked that federal agencies do not need to tailor their roles to best participate; rather, since they already have expertise, they should come to the table ready to use their expertise to accomplish the goals of the project.

### *Key Findings*

- Participants overall are satisfied with the partnership's progress and outcomes of the partnership's activities. However, concerns have been raised regarding the progress of the water-related activities and additional work that will still be necessary in the Tri-Communities once the Child Health project has ended in order to genuinely enhance quality of life.
- Without a collaborative process, it is unlikely that community concerns would have been addressed as effectively as they are now. The New Madrid Partnership has brought shared and additional resources and enabled creative solutions to problems.
- One of the partnership's key strengths has been its focus on community involvement and capacity building. Not only have the participating community representatives been in the lead for determining priority risks, the community representatives actively sought input from other community members that weren't directly participating in the project. In addition, community representatives have been trained in facilitation and in the priority risk areas, better ensuring that the knowledge gained as part of the project will stay within the community, and that the Tri-Communities will find it easier to prioritize and devise solutions to risks or other challenges their communities currently face or will face in the future.
- Another key strength of the project has been the working relationship between NRCS, EPA, and GRAND. Arguably, without effective cooperation between these organizations, it is doubtful that the New Madrid Partnership would have experienced the success it currently does.
- Use of a detailed action plan developed with significant community involvement has enabled project participants to better understand how they fit within the overall project framework and made it easier to keep the project focused and monitor progress. However, use of the action plan to drive the project implementation has, perhaps, had the unintended effect of limiting other activities that the partnership engages in.
- It is unclear how the other on-going initiatives taking place in the Tri-Communities, such as the farmer's cooperative and the home weatherization project are associated with the Child Health project. If these activities take place outside an integrated coordination process, local residents as well as outside parties may find it difficult to understand how these different parts fit together and important opportunities for synergy may be lost.

### *Afterword*

Since interviews were conducted between September 24 and October 1, 2001, the New Madrid County Child Health Champion project has officially closed, according to an EPA official closely involved in the project. The Community Team, its community facilitators, and the members of GRAND and Technical Advisory Team all helped to implement the actions described in the New Madrid Child Health Champion project action plan. The Community Team that first formed around 1997 has dissipated. However, the skills acquired or enhanced and new relationships formed that first begun around 1997 still bears fruit today. For instance, one former Community Team member recently helped initiate a community development corporation in Howardville, which has been responsible for building new homes. Another former Community Team member has been involved in the development of a new day care center in the New Madrid area.<sup>47</sup> In addition, EPA, Lincoln University, and the Missouri Department of Natural Resources, all important components of the New Madrid Tri-Community Partnership, have kept

their working relationship in tact and committed to developing an environmental justice resource center for New Madrid County and the surrounding region that will continue to identify and offer support for local environmental protection, public health, and community development initiatives.<sup>48</sup>

*List of Interviewees*

Walter Bone~	Great Rivers Alliance Natural Resource Districts
Victor Blackburn~	Natural Resources Conservation Service (USDA)
Mary Evans~	Community Facilitator
Gwen Farr	Community Health Team
Darvin Green	Lincoln University Cooperative, Community Development Corp.
Adrienne Hunter-Wells~	Community Coordinator
Laura McKeever~	Great Rivers Alliance Natural Resource Districts
Rose Minner	Community Facilitator/Community Team Member
Althea Moses	U.S. Environmental Protection Agency
Willie Pittman~	Natural Resources Conservation Service (USDA)
Fred Reeves	Natural Resources Conservation Service (USDA)
Ervin Schaedler~	Great Rivers Alliance Natural Resource Districts
Louise Typler	Headstart

~Denotes that individual participated in a group interview.

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## Endnotes

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- <sup>2</sup> Ibid. p. 10.
- <sup>3</sup> Ibid. p. 14.
- <sup>4</sup> Ibid. p. 10.
- <sup>5</sup> Ibid. pp. 13-14.
- <sup>6</sup> Ibid. p. 10.
- <sup>7</sup> Ibid. p. 11.
- <sup>8</sup> U.S. Environmental Protection Agency; Region 7, "Demonstration Project Criteria Information: Integrated Federal Interagency Environmental Justice Action Agenda," p. 3.
- <sup>9</sup> Ibid.
- <sup>10</sup> "New Madrid County Tri-Community Child Health Champion Campaign Kick-Off Event," p. 9.
- <sup>11</sup> Dr. Emil Jason, "Presentation," *Sixteenth Meeting of the National Environmental Justice Advisory Council, Volume II*, 17 December 2000, p. II-139, lines 1-9.  
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- <sup>12</sup> "New Madrid County Tri-Community Child Health Champion Campaign Kick-Off Event," p. 9.
- <sup>13</sup> Ibid., p. 11.
- <sup>14</sup> U.S. Environmental Protection Agency, *Interagency Environmental Justice Demonstration Projects: An Interim Report*, December 2000, p. 49.
- <sup>15</sup> Althea Moses, U.S. Environmental Protection Agency; Region 7, Phone Interview. 23 January 2003.
- <sup>16</sup> Ibid.
- <sup>17</sup> "Action Plan: New Madrid County Tri-Community Child Health Champion Pilot Project," 2000, pp. 2, 3, 6, 9.
- <sup>18</sup> Althea Moses, U.S. Environmental Protection Agency; Region 7, Phone Interview. 23 January 2003.
- <sup>19</sup> Ibid.
- <sup>20</sup> Ibid.
- <sup>21</sup> "Demonstration Project Criteria Information." p 5.
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- <sup>25</sup> Ibid. p. 17.
- <sup>26</sup> "Action Plan," p 5, 8, and 11.
- <sup>27</sup> Althea Moses, U.S. Environmental Protection Agency; Region 7, Phone Interview. 23 January 2003.
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- <sup>29</sup> Althea Moses, U.S. Environmental Protection Agency; Region 7, Phone Interview. 23 January 2003.
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- <sup>31</sup> Ibid.
- <sup>32</sup> Ibid.
- <sup>33</sup> U.S. Environmental Protection Agency, *Interagency Environmental Justice Demonstration Projects: An Interim Report*, December 2000, p. 46.
- <sup>34</sup> "New Madrid progress report for the Interagency Working Group on Environmental Justice." pp. 46, 48.
- <sup>35</sup> Althea Moses, U.S. Environmental Protection Agency; Region 7, Phone Interview. 23 January 2003.
- <sup>36</sup> "Demonstration Project Criteria Information." p. 4.
- <sup>37</sup> "Action Plan," p 8.
- <sup>38</sup> "Demonstration Project Criteria Information," pp. 4-5.
- <sup>39</sup> *Interagency Environmental Justice Demonstration Projects: An Interim Report*, p. 47.
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- <sup>42</sup> Ibid. p. 24.
- <sup>43</sup> Ibid. p. D-5.
- <sup>44</sup> Ibid. see Appendix B.
- <sup>45</sup> Mary Harrington, formerly with Mathematica Policy Research, Inc.; Personal Communication . 29 January 2003.

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<sup>47</sup> Althea Moses, U.S. Environmental Protection Agency; Region 7, Phone Interview. 23 January 2003.

<sup>48</sup> *Ibid.*